PAGE 1 / 8

Image# 201609209030975232

## **FEC** FORM 3X

# REPORT OF RECEIPTS **AND DISBURSEMENTS**

1	Office Use Only
1. NAME OF TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4	м5
ANNIEPAC	
ADDRESS (number and street)	
Check if different	
than previously reported. (ACC)  PROVIDENCE RI	02903
2. <b>FEC IDENTIFICATION NUMBER</b> ▼ CITY ▲ STATE ▲	ZIP CODE ▲
C C00540062 3. IS THIS REPORT X (N) OR	AMENDED (A)
(Choose One) Report Due On:	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  Sep 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:	Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
April 15	Oct 20 (M10) Jan 31 (YE)
July 15 PRF-Election	eral (12G) Runoff (12R)
Quarterly Report (Q2)	sial (12S)
Quarterly Report (Q3)  January 31	III tilo
Year-End Report (YE)  July 31 Mid-Year  (d) 30 Day	State of
Report (Non-election	off (30R) Special (30S)
Termination Report (TER)  Election on	in the State of
5. Covering Period 08 01 2016 through 08 31	2016
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct	and complete.
Type or Print Name of Treasurer Hannah Bruce	
Signature of Treasurer  Hannah Bruce  [Electronically Filed] Date	09 / 20 / 2016
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report	to the penalties of 2 U.S.C. §437g.
Office Use	FEC FORM 3X

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **ANNIEPAC** 80 2016 08 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 4225.00 January 1, 2016 (b) Cash on Hand at 13055.30 Beginning of Reporting Period..... 0.00 15000.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 19225.00 13055.30 6(a) and 6(c) for Column B)..... 7301.96 13471.66 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 5753.34 5753.34 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Δ	N	N	ΙE	P	A	C

I. Receipts	COLUMN A	COLUMN B
	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitaraire d	0.00	0.00
(ii) Unitemized(iii) TOTAL (add	0.00	0.00
· ·	0.00	0.00
Lines 11(a)(i) and (ii)▶	0.00	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	7	
(such as PACs)	0.00	15000.00
(d) Total Contributions (add Lines	7	7
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	0.00	15000.00
2. Transfers From Affiliated/Other		4
Party Committees	0.00	0.00
Turty Committeeco	7	
B. All Loans Received	0.00	0.00
7 254.0 1.555.755		7
1. Loop Denouments Descrived	0.00	0.00
Loan Repayments Received      Offerts To Operating Synanditures	0.00	3100
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
7. Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)	0.00	0.00
	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
() T (   T ( ) ( )	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	15000.00
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	0.00	15000.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:  (a) Allocated Federal/Non-Federal	iotai iiio i ciiou	Galeriuai Teal-tu-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	551.96	1721.66
Expenditures(c) Total Operating Expenditures	331.30	1721.00
(add 21(a)(i), (a)(ii), and (b))▶	551.96	1721.66
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to     Federal Candidates/Committees		
and Other Political Committees	6500.00	11000.00
4. Independent Expenditures	0.00	0.00
(use Schedule E)5. Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use schedule F)	7	0.00
6. Loan Repayments Made	0.00	0.00
o. Loui Repayments Made	7 7	
7. Loans Made	0.00	0.00
8. Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
(add £11100 £0(a), (b), and (0),	7	
9. Other Disbursements	250.00	750.00
_		
0. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Sharo	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	3.55	
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7301.96	13471.66
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	7301.96	40:=: 00
from Line 31)	7301.90	13471.66

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	15000.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	15000.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	551.96	1721.66
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	551.96	1721.66

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	
Any information copied from such Reports and Staten or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  ANNIEPAC	nents may not be sold or used ne and address of any political	by any perso committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. CFO Compliance  Mailing Address 1 Park Row			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Providence Purpose of Disbursement	State Zip Code RI 02903		Transaction ID : SB21B.4326
Compliance Consulting  Candidate Name  Office Sought: House Disbursen		Category/ Type	Amount of Each Disbursement this Period  551.96  Memo Item
	Primary General Other (specify) ▼		
Mailing Address			Date of Disbursement
City S Purpose of Disbursement Candidate Name	State Zip Code		Amount of Each Disbursement this Period
Office Sought: House Disbursen Senate		Category/ Type	Memo Item
Full Name (Last, First, Middle Initial) C. Mailing Address			Date of Disbursement
	State Zip Code		
Purpose of Disbursement  Candidate Name	[	Category/ Type	Amount of Each Disbursement this Period
	nent For:  Primary General  Other (specify)		Memo Item
SUBTOTAL of Disbursements This Page (optional)		······•	551.96
TOTAL This Period (last page this line number only)			551.96

SCHEDULE B (FEC Form 3X)	Hoo consists askedulate.	FOR LINE NUMBER: PAGE 7		
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	21b	22 <b>X</b> 23 24 25 26 28a 28b 28c 29 30b	
Any information copied from such Reports and Statem	lents may not be sold or us			
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
ANNIEPAC				
Full Name (Last, First, Middle Initial)				
A. HILLARY VICTORY FUND			Date of Disbursement	
Mailing Address PO BOX 5256			08 03 2016	
•	State Zip Code		Transaction ID : SB23.4320	
NEW YORK Purpose of Disbursement	NY 10185			
Contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/	5000.00	
Office Sought: House Disbursen	nent For:	Туре		
	Primary General		Memo Item	
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)	MODESS		Date of Disbursement	
3. SUSANNAH RANDOLPH FOR CC	NGKE99		M M / D D / Y Y Y Y	
Mailing Address PO BOX 533643			08 17 2016	
City S ORLANDO	State Zip Code FL 32853		Transaction ID : SB23.4329	
Purpose of Disbursement	32000			
Contribution			Amount of Each Disbursement this Period	
Candidate Name SUSANNAH RANDOLPH		Category/	500.00	
	nent For: 2016	Туре	Memo Item	
	Primary General		meno ten	
	Other (specify) ▼			
State: FL District: 09				
Full Name (Last, First, Middle Initial)  VAL DEMINGS FOR CONGRESS			Date of Disbursement	
- VAL DLIVIINGS FOR CONGRESS			M M / D D / Y Y Y Y	
Mailing Address PO BOX 536926			08 11 2016	
,	State Zip Code		Transaction ID : SB23.4325	
ORLANDO	FL 32853		Hallsaction ib . 3B23.4323	
Purpose of Disbursement Contribution		F	Amount of Each Disbursement this Period	
Candidate Name		Category/		
VALDEZ 'VAL' DEMINGS		Type	1000.00	
Consts	nent For: 2016		Memo Item	
	Primary General  Other (specify)			
State: FL District: 10	(- <u> - </u>			
,			0500.00	
SUBTOTAL of Disbursements This Page (optional)		·····•	6500.00	
TOTAL This Period (last nage this line number only)			6500.00	

To reach category of the Decided Summary Page   21b   22   23   24   25   25   25   25   25   25   25	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	Ule(s) FOR LINE NUMBER: PAGE 8 C	
ANAME OF COMMITTEE (In Full)  New Hampshire Young Democrats  Mailing Address 105 N. State Street  City State Zip Code Concord NH 03301  Transaction ID: S829.4321  Amount of Each Disbursement this Period  Category' 250.00  Memo Item  Category' 250.00  Memo Item  Date of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Category' Type  Memo Item  Amount of Each Disbursement this Period  Category' Type  Memo Item  Amount of Each Disbursement this Period  Category' Type  Memo Item  Amount of Each Disbursement this Period  Category' Type  Memo Item  Amount of Each Disbursement this Period  Category' Type  Memo Item  State: Disbursement This Period  Category' Type  Memo Item  State: Disbursement This Period  Category' Type  Memo Item  Amount of Each Disbursement this Period  Category' Type  Memo Item  State: Disbursement This Period  Category' Type  Memo Item	ITEMIZED DISBURSEMENTS	for each category of the	21b	22 23 24 25 26
NAME OF COMMITTEE (in Full) ANNIEPAC Full Name (Last, First, Middle Initial) New Hampshire Young Democrats  Mailing Address 10s N. State Street  City Concord Disbursement Donation Candidate Name  Category Type  Office Sought: House Senate Primary General Candidate Name  Candidate Name  Candidate Name  Candidate Name  Candidate Name  Candidate Name  Category Type  Memo Item  Date of Disbursement  Doat of Disbursement  Date of Disbursement  Transaction ID: SB29.4321  Amount of Each Disbursement this Period  Amount of Each Disbursement  Category Type  Memo Item  Date of Disbursement  Amount of Each Disbursement  Category Type  Memo Item  Date of Disbursement  Category Type  Memo Item  Date of Disbursement  Amount of Each Disbursement  Category Type  Memo Item  Date of Disbursement this Period  Category Type  Memo Item  Date of Disbursement this Period  Category Type  Memo Item  Date of Disbursement this Period  Category Type  Memo Item  Date of Disbursement this Period  Category Type  Memo Item  Date of Disbursement this Period  Category Type  Memo Item  Sanate Primary General Disbursement For: Category Type  Date of Disbursement this Period  Category Type  Memo Item  Substitute Disbursement For: Memo Item  Substitute Disbursement Ithis Period  Category Type Disburse				
Mailing Address 105 N. State Street  City Concord NH 03301  Priprose of Disbursement  Candidate Name  City State Zip Code NH 03301  Amount of Each Disbursement this Period  Candidate Name  City State: District  Full Name (Last, First, Middle Initial)  State: District  Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Category/ Type  Office Sought: House Senate President District  Full Name (Last, First, Middle Initial)  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Category/ Type  Memo Item  Category/ Type  Memo Item  Category/ Type  Memo Item  Category/ Type  Memo Item  District  Candidate Name  Category/ Type  Disbursement  Candidate Name  Category/ Type  Memo Item  Category/ Type  Disbursement To: Senate Primary General	NAME OF COMMITTEE (In Full)	- and address of any politice	55	The state of the s
Amount of Each Disbursement this Period  Candidate Name  City  Concord  Condidate Name  City  Control  City  Condidate Name  City  Cother (specify)  Category'  Type  Memolitem  Category'  Type  Category'  Type  Memolitem  Category'  Type  Category'  Type  Memolitem  Category'  Type  Memolitem  Category'  Type  Category'  Type  Category'  Type  Memolitem  Category'  Type  Category'  Type  Memolitem  Category'  Type  Type  Memolitem  Category'  Type				Data of Bishamana
Mailing Address: 105 N. State Street  City State Zip Code NH 03301  Primary General Primary General State: Disbursement  Candidate Name  City State Zip Code Primary General Primary General Primary General City State Zip Code  Purpose of Disbursement  Category' 7592  Z50.00  Memolitem  Date of Disbursement this Period  Category' 792  Z50.00  Memolitem  Date of Disbursement this Period  Category' 792  Z50.00  Memolitem  Date of Disbursement this Period  Category' 792  Category' 792  Category' 792  Disbursement This Period  Category' 792  Memolitem  Date of Disbursement this Period  Category' 792  Memolitem  Date of Disbursement this Period  Category' 792  Memolitem  Amount of Each Disbursement this Period  Category' 792  Memolitem  Date of Disbursement this Period  Category' 792  Memolitem  Amount of Each Disbursement this Period  Category' 792  Memolitem  Amount of Each Disbursement this Period  Category' 792  Memolitem  Date of Disbursement this Period  Category' 792  Category' 792  Memolitem  Date of Disbursement this Period  Category' 792  Category' 79	New Hampshire Young Democrats			
Concord	Mailing Address 105 N. State Street			
Purpose of Disbursement Donation  Candidate Name  Cotegory/ Type  Disbursement For: Senate Primary General Other (specify) ▼  Date of Disbursement  Cardidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Disbursement  Candidate Name  Disbursement  Candidate Name  Disbursement  Candidate Name  Disbursement For: Senate Primary General Other (specify) ▼  Date of Disbursement this Period  Amount of Each Disbursement  Category/ Type  Memo Item  Date of Disbursement  Category/ Type  Memo Item  Date of Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Office Sought: House H				Transaction ID : SB29.4321
Donation Candidate Name Category/ Type  Senate Primary General Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Date of Disbursement  Date of Disbursement  Category/ Type  Memo Item  Date of Disbursement  Amount of Each Disbursement  Date of Disbursement  Date of Disbursement this Period  Category/ Type  Office Sought:  Category/ Type  Date of Disbursement  Category/ Type  Memo Item  Date of Disbursement  Date of Date of Disbursement  Date of Disbursement  Date of Disburse		NH 03301		
Office Sought:				Amount of Each Disbursement this Period
Office Sought: House Senate President State: District: Other (specify)   Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate President Disbursement For: Memolitem  Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  Office Sought: House Disbursement For: Memolitem  Mailing Address  City State Zip Code  Primary General Other (specify)   Date of Disbursement this Period  Amount of Each Disbursement  Category/ Type  Office Sought: House Disbursement For: Memolitem  Amount of Each Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Category/ Type  Office Sought: House Disbursement For: Memolitem  Office Sought: House Disbursement For: Memolitem  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Memolitem  Senate President Other (specify)   Office Sought: House Disbursement For: Memolitem  Amount of Each Disbursement this Period  Category/ Type  Office Sought: District:	Candidate Name			250.00
State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General President  State: District:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Amount of Each Disbursement this Period  Office Sought: Other (specify)   Memo Item  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Office Sought: Amount of Each Disbursement  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Primary General President  Disbursement For: Memo Item  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify)   Subtrotal of Disbursements This Page (optional)	Senate	Primary General	туре	Memo Item
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Primary General Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Primary General Other (specify) ▼  Substotal of Disbursements This Page (optional)		<b>(1 )</b>		
City State Zip Code    Purpose of Disbursement	Full Name (Last, First, Middle Initial)  3.			Date of Disbursement
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)   Full Name (Last, First, Middle Initial)  Date of Disbursement  Category/ Type  Memo Item  Date of Disbursement  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)   State: District:  Substitute  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Memo Item  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Substitute  Substitute  Substitute  Substitute  Substitute  Substitute  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Disbursement For: Substitute  Substitute  Amount of Each Disbursement this Period	Mailing Address			M = M / D = D / Y = Y = Y
Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Memo Item  Date of Disbursement  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Other (specify) ▼  Substruction  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Other (specify) ▼  Substruction  Substruction  Amount of Each Disbursement this Period  Other (specify) ▼  Substruction  Amount of Each Disbursement this Period  Other (specify) ▼  Substruction  Amount of Each Disbursement this Period  Other (specify) ▼  Substruction  Amount of Each Disbursement this Period	City	State Zip Code		
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Substortal of Disbursements This Page (optional)	Purpose of Disbursement			A
Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify)   Office Sought: House Senate Primary General Other (specify)   State: District:   Substitute President State: District:   Substitute President State: District:   Substitute President State: District:   Amount of Each Disbursement this Period Memo Item  Amount of Each Disbursement this Period Memo Item  250.00	Candidate Name			
Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District:  Subtrotal of Disbursements This Page (optional)	Senate President	Primary General	21 -	
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Date of Disbursement  Amount of Each Disbursement this Period  Memo Item  250.00				
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify)  State: District:  Subtrotal of Disbursements This Page (optional)				
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify)  State: District:  Subtrotal of Disbursements This Page (optional)	Mailing Address			
Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify)  State: District:  Substruct: Amount of Each Disbursement this Period  Memo Item  250.00	City	State Zip Code		
Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  Subtrotal of Disbursements This Page (optional)	Purpose of Disbursement			
Office Sought: House Senate Primary General Other (specify)  State: District: Memo Item  Substruct: State: Disbursements This Page (optional)	Candidate Name			
SOBTOTAL OF DISDUISEMENTS THIS Tage (optional)	Senate President	Primary General		
250.00	SUBTOTAL of Disbursements This Page (optional)			250.00
TOTAL This Period (last page this line number only)				250.00